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APPLICANTS

Martin A. Rossing, Coon Rapids, MN;

** CONTINUING DATA *****

None

BF 12/13/05

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>12/05</u>				

ADDRESS

27581
MEDTRONIC, INC.
710 MEDTRONIC PARK
MINNEAPOLIS , MN
55432-9924

TITLE

Reformation techniques for capacitors of implantable medical devices

FILING FEE RECEIVED 1498	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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